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New Year's Day and Every Day

Each man is captain of his soul,
And each man his own crew.
But the Pilot knows the Unknown Seas,
And He will bring us through.

We break new seas to-day,
Our eager keels quest unaccustomed waters,
And from the vast uncharted waste in front
The mystic circles leap
To greet our prows with mightiest possibilities;
Bringing us what?
Dread shoals and shifting banks?
And calms and storms?
And clouds and biting gales?
And wreck and loss?
And valiant fighting times?
And, maybe, Death?—and so, the Larger Life!

MEDICAL FACULTY.
McGILL

EDITOR C. N. A.

For should the Pilot deem it best
To cut the voyage short,
He sees beyond the sky-line, and
He'll bring us into Port.

And, maybe, Life—Life on a bounding tide,
And chance of glorious deeds;
Of help swift-borne to drowning mariners;
Of cheer to ships dismasted in the gale;
Of succours given unasked and joyfully;
Of mighty service to all needy souls.

So Ho for the Pilot's orders—
Whatever course He makes!
For He sees beyond the sky-line,
And He never makes mistakes.

And, maybe, Golden Days,
Full freighted with delight!
And wide, free seas of unimagined bliss;
And Treasure Isles, and Kingdoms to be won;
And Undiscovered Countries and New Kin.

For each man captains his own soul,
And chooses his own crew.
But the Pilot knows the Unknown Seas,
And He will bring us through.

—JOHN OXENHAM

Influenza Bulletin

PREPARED BY AN EDITORIAL COMMITTEE

And Based Upon Papers, Committee Reports and Discussions Presented at the Meeting of the Public Health Association Held in Chicago, Illinois, December 9 to 12, 1918

INTRODUCTORY STATEMENT

The present epidemic is the result of a disease of extreme communicability. So far as information available to the committee shows, the disease is limited to human beings.

The micro-organism or virus primarily responsible for this disease has not yet been identified. There is, however, no reason whatever for doubting that such an agency is responsible for it. Mental conditions may cause one to believe he has influenza when he has not, and may make the patient who has the disease suffer more severely than he

otherwise would. No mental state alone, however, will cause the disease in one who is not infected by the organism or virus that underlies the malady.

While the prevailing disease is generally known as influenza, and while it will be so referred to in this statement, it has not yet been satisfactorily established that it is the identical disease heretofore known by that name, nor has it been definitely established that all preceding outbreaks of disease styled at the time "influenza" have been outbreaks of one and the same malady.

There is no known laboratory method by which an attack of influenza can be differentiated from an ordinary cold or bronchitis or other inflammation of the mucous membranes of the nose, pharynx, or throat.

There is no known laboratory method by which it can be determined when a person who has suffered from influenza ceases to be capable of transmitting the disease to others.

Laboratories are necessary agencies for the supervision and ultimate control of the disease. The research laboratory is necessary for the discovery of the causative micro-organism or virus, and for the discovery of some practical method for the propagation of a specific vaccine and a curative serum. Clinical laboratories are necessary for the supervision and control of such vaccines and sera as may be used from time to time for the prevention of the disease and for therapeutic purposes, and for the information such laboratories can give to health officers and physicians as to such variations in the types of infective micro-organisms, as occur during the progress of an epidemic.

Deaths resulting from influenza are commonly due to pneumonias resulting from an invasion of the lungs by one or more forms of streptococci, or by one or more forms of pneumococci, or by the so-called influenza bacillus, or bacillus of Pfeiffer. This invasion is apparently secondary to the initial attack.

Evidence seems conclusive that the infective micro-organism or virus of influenza is given off from the nose and mouth of infected persons. It seems equally conclusive that it is taken in through the mouth or nose of the person who contracts the disease, and in no other way, except as a bare possibility through the eyes, by way of the conjunctivæ or tear ducts.

Prevention

If it be admitted that influenza is spread solely through discharges from the noses and throats of infected persons finding their way into the noses and throats of other persons susceptible to the disease, then, no matter what the causative organism or virus may ultimately be determined to be, preventive action logically follows the principles named below, and, therefore, it is not necessary to wait for the discovery of the specific micro-organism or virus before taking such action.

I. Break the channels of communication by which the infective agent passes from one person to another.

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II. Render persons exposed to infection immune, or at least more resistant, by the use of vaccines.

III. Increase the natural resistance of persons exposed to the disease, by augmented healthfulness.

I. Breaking the Channels of Communication:

(a) By preventing droplet infection. The evidence offered indicates that this is of prime importance.

(b) By sputum control. The evidence offered indicates that the danger here is due chiefly to contamination of the hands and common eating and drinking utensils.

(c) By supervision of food and drink. Evidence offered does not indicate much danger of infection through these channels.

Details and practical methods possible for the limitation of infection through droplets, sputum, and food and drink are discussed later under special preventive methods.

II. Immunization and Vaccines.

In the present epidemic vaccines have been used to accomplish:

1. The prevention or mitigation of influenza *per se*.

2. The prevention or mitigation of complications recognized as due to the influenza bacillus or to various strains of streptococci and pneumococci.

In relation to the use of vaccines for the prevention of influenza, the evidence which has come to the attention of the committee as to the success or lack of success of the practise is contradictory and irreconcilable. In view of the fact that the causative organism is unknown, there is no scientific basis for the use of any particular vaccine against the primary disease. If used, any vaccine must be employed on the chance that it bears a relation to the unknown organism causing the disease.

The use of vaccines for the complicating infections rests on more logical grounds, and yet the committee has not sufficient evidence to indicate that they can be used with any confident assurance of success. In the use of these vaccines the patient should realize that the practise is still in a developmental stage.

The committee believes that when vaccines are used experimentally for the purpose of determining their preventive or curative value, the following conditions should be complied with:

1. The groups of vaccinated and unvaccinated persons should be the same in number.

2. The relative susceptibilities of the two groups should be equal, as measured by age and sex distribution, previous exposures to infection without development of influenza and a previous history as to recent attacks of the disease.

3. The degree of exposure in each group should be practically the same in duration and intensity.

4. The groups should be exposed concurrently during the same stage of the epidemic curve.

III. Increased Natural Resistance of Persons Exposed to Infection.

Physical and nervous exhaustion should be avoided by paying due regard to rest, exercise, physical and mental labor and hours of sleep. The evidence is conclusive, however, that youth and bodily vigor do not guarantee immunity to the disease.

The nature of the preventive measures practicable and necessary in any given community depends in a large part upon the nature of the community itself, as to population characteristics, industries, and so on, and upon the stage and type of the epidemic curve. For example, the measures to be adopted in a purely rural community would not be practicable or desirable in a large metropolitan area, nor would the measures desirable and feasible at the beginning or end of an epidemic be found those best adapted for the intervening period. The committee has found it impossible, therefore, to lay down any rules for the guidance of all health officials alike in preventive measures. The most it has been able to do has been to state certain general principles that in its judgment should underlie administrative measures for the prevention of influenza. The application of these principles to the needs of any particular community must be left for determination by the officers of that community who are responsible for the protection of its public health.

The preventive measures recommended by the committee are as follows:

A. Efficient organization to meet the emergency, providing for a centralized co-ordination and control of all resources.

B. Machinery for ascertaining all facts regarding the epidemic:

1. Compulsory reporting.

2. A lay or professional canvass for cases, etc.

C. Widespread publicity and education with respect to respiratory hygiene, covering such facts as the dangers from coughing, sneezing, spitting, and the careless disposal of nasal discharges; the advisability of keeping the fingers and foreign bodies out of the mouth and nose; the necessity of hand-washing before eating; the dangers from exchanging handkerchiefs; and the advantages of fresh air and general hygiene. Warnings should be given regarding the danger of the common cold, and possibly cold should be made reportable so as to permit the sending of follow-up literature to persons suffering from them. The public should be acquainted with the danger of possible carriers among both the sick and the well, and the resultant necessity for the exercise of unusual care on the part of everybody with respect to the dangers of mouth and nasal discharges.

D. Administrative procedures:

1. There should be laws against the use of common cups, and improperly washed glasses at soda fountains and other public drinking places, which laws should be enforced.

2. There should be proper ventilation laws, which laws should be enforced.

Since the disease is probably largely a group or crowd problem, the three following sub-heads are especially important:

3. Closing.—Since the spread of influenza is recognized as due to the transmission of mouth and nasal discharges from persons infected with influenza, some of whom may be aware of their conditions but others unaware of it, to the mouths and noses of other persons, gatherings of all kinds must be looked upon as potential agencies for the transmission of the disease. The limitation of gatherings with respect to size and frequency, and the regulation of the conditions under which they may be held, must be regarded, therefore, as an essential administrative procedure.

Non-essential gatherings should be prohibited. Necessary gatherings should be held under such conditions as will insure the greatest possible amount of floor space to each individual present, and a maximum of fresh air, and precautions should be taken to prevent unguarded sneezing, coughing, cheering, etc.

Where the necessary activities of the population, such as the performance of daily work and earning of a living, compel considerable crowding and contact, but little is gained by closing certain types of meeting places. If, on the other hand, the community can function without much of contact between individual members thereof, relatively much is gained by closing or preventing assemblages.

Schools.—As to the closing of schools, there are many questions to be considered:

(a) Theoretically, schools increase the number and degree of contacts between children. If the schools are closed, many of the contacts which the children will make are likely to be out of doors. Whether or not closing will decrease or increase contacts must be determined locally. Obviously, rural and urban conditions differ radically in this regard.

(b) Are the children, in coming to and going from school, exposed to inclement weather or long rides in overcrowded cars?

(c) Is there an adequate nursing and inspection system in the schools?

(d) Is it likely that teachers, physicians and nurses can really identify and segregate the infected school child before it has an opportunity to make a number of contacts in halls, yards, rooms, etc.? We suggest that children suspected of having influenza, and held in school buildings for inspection, should be provided with and required to wear face masks.

(e) Will the closing of schools release personnel or facilities to aid in fighting the epidemic?

(f) If schools are kept open, will the absence of many teachers lower the educational standards?

(g) If a number of pupils stay at home because of illness or fear, will they not constitute a heavy drag upon their classes when they return?

(h) If schools are closed, is there likely to be an outbreak in any case when they are re-opened?

Churches.—If churches are to remain open, services should be reduced to the lowest number consistent with the adequate discharge of necessary religious offices, and such services as are held should be conducted in such a way as to reduce to a minimum intimacy and frequency of personal contact.

Theatres.—As regards theatres, movies, and meetings for amusement in general, it seems unwise to rely solely or in great part upon the ejection of careless coughers. In the first place it is difficult to determine who is a careless cougher, and, after each cough, danger has already resulted. It seems, too, that the closing of theatres may have as much educational value as their use for direct educational purposes, etc. Discrimination as to closing among theatres, movies, etc., on the basis of efficiency of ventilation and general sanitation, may be feasible.

Saloons, etc.—The closing of saloons and other drinking places should be decided upon the basis of the probability of spread of the disease through drinking utensils and the conditions of crowding.

Dance Halls, etc.—The closing of dance halls, bowling rooms, billiard parlors and slot-machine parlors, etc., should be made effective in all cases where their operation causes considerable personal contact and crowding.

Street Cars, etc.—Ventilation and cleanliness should be insisted upon in all transportation facilities. Overcrowding should be discouraged. A staggering of opening and closing hours in stores and factories to prevent overcrowding of transportation facilities may be cautiously experimented with. In small communities, where it is feasible for persons to walk to their work, it is better to discontinue the service of local transportation facilities.

Funerals.—Public funerals and accessory funeral functions should be prohibited, being unnecessary assemblies in limited quarters, increasing contacts and possible sources of infection.

4. MASKS.—The wearing of proper masks in a proper manner should be made compulsory in hospitals and for all who are directly exposed to infection. It should be made compulsory for barbers, dentists, etc. The evidence before the committee as to beneficial results consequent upon the enforced wearing of masks by the entire population at all times was contradictory, and it has not encouraged the committee to suggest the general adoption of the practise. Persons who desire to wear masks, however, in their own interests, should be instructed as to how to make and wear proper masks, and encouraged to do so.

5. ISOLATION.—The isolation of patients suffering from influenza should be practised. In cases of unreasonable carelessness, it should be legally enforced most rigidly.

6. PLACARDING.—In cases of unreasonable carelessness and disregard of the public interests, placarding should be enforced.

7. Hospitalization.—The theory of complete hospitalization is that, if all the sick were hospitalized, the disease would be controlled. In certain somewhat small communities, where hospitalization of all cases was promptly inaugurated, the disease did come quickly under control. It must be recognized, however, that, unless every infective person can be detected and identified as such and removed to the hospital before he has infected others, hospitalization can not be depended upon to eliminate the disease.

In general, home treatment is to be advocated where medical, nursing and other necessary facilities are adequate, and where home treatment is not directly contra-indicated by the danger of infecting others. The hospitalization in any case, mild or severe, should be undertaken only when facilities for home treatment are inadequate with respect to medical and nursing care or otherwise. The objection to routine hospitalization of mild cases lies in the fact that patients not already suffering from secondary infections may acquire them by exposure to hospital cases already so infected. The objection to the routine hospitalization of severe cases lies in the danger to the patient necessarily incident in the transfer from home to the hospital.

8. Coughing and Sneezing.—Laws regulating coughing and sneezing seem to be desirable for educational and practical results.

9. Terminal Disinfection.—Terminal disinfection for influenza has no advantage over cleaning, sunning and airing.

10. Alcohol.—The use of alcohol serves no preventive purpose.

11. Sprays and Gargles.—Sprays and gargles do not protect the nose and throat from infection, for the following reasons:

(a) So far as the knowledge of the committee extends, no germicide strong enough to destroy infective organisms can be applied to the nose and throat without at the same time injuring the mucous membranes.

(b) Irrigation of the nose and throat to accomplish the complete mechanical removal of the infective organism is impracticable.

(c) Their use tends to remove the protective mucus, to spread the infection and to increase the liability of actual entrance of the infective organisms.

(d) Their domestic use is liable to lead in families to a common employment of the same utensils.

(e) The futility of sprays and gargles has been demonstrated with respect to certain known organisms such as the diphtheria bacillus and the meningococcus.

Miscellaneous Considerations

1. Colleges, asylums and similar establishments may with advantage enforce rigid institutional quarantine against the outside world, if they begin in the early stage of an epidemic, provided they are so located and conducted as to render the procedure reasonably likely to

be effective, even temporarily; for even temporary success will postpone the appearance of the disease, if it appears at all, to a time when the patients will be more likely to be able to have adequate medical and nursing care.

2. The recommended measures for control, even if they do not accomplish the desired end, should at least be instrumental in distributing the epidemic over a longer period of time, which in itself is highly desirable.

3. The statistics of the disease and the keeping of proper records are extremely important. The lack of knowledge regarding innumerable factors in reference to the disease makes all the more desirable complete case records, etc.

4. The committee wishes to emphasize the need for the complete statistical study of the collected data on the mortality, morbidity, case fatality, duration, economic aspects, and therapeutics of the disease. Through the collection of the facts in a uniform manner, and through the analysis of such tabulated data, especially mathematical graduation, and testing and study of the figures, important contributions to the natural history and typical characters of the disease may be expected. General principles as to the etiology, fatality and practical management of influenza may follow from the extensive survey of the epidemic in the statistical laboratory as well as from the intensive bedside observation of single cases of the disease.

5. The measures recommended are calculated to be effective in the promotion of respiratory hygiene in general and particularly in the control of pneumonia and other respiratory infections.

Administrative Measures for Relief

The committee on administrative measures for relief would submit the following considerations as constituting a summary of the important measures for meeting epidemic conditions:

I. General Rules.

1. Compulsory reporting.

2. Isolation, by co-operation and education, to a point where it does not diminish the willingness of the physician to report.

3. Placarding would seem to be subject to the same limitations as is isolation.

4. The closing of schools, prohibition of funerals, etc., being preventive measures, are not touched upon in this report, except to mention that the closing of many agencies will release medical, nursing, and volunteer services for special influenza work.

5. It may be necessary to grant authority and power to the health authorities to administer relief.

II. Preliminary Measures.

1. The listing and distribution of resources, including physicians, nurses, social workers, nurses' aids, clerks, domestics, laundresses, automobiles, chauffeurs, mask-makers and volunteers of all kinds.

All available publicity channels should be used to promote volunteer service.

An appeal should be made for voluntary donors of human blood serum from convalescent influenza patients, to be held in readiness for use in treatment.

2. The centralization of resources, under one control, with central and branch headquarters, the city being districted for medical, nursing and other work.

The central headquarters should be ordinarily under the supervision of a board representative of the most important agencies concerned, the board's work to be administered through a manager (presumably the health officer) selected for his fitness.

3. The service should be maintained on a 24-hour basis, and a system of outgoing and incoming telephone service is essential.

4. The local authorities should get and keep in touch with state and national agencies.

III. Current and Continuous Analysis of Case Situation.

1. In the smaller communities a canvass should be made of all physicians, soliciting information as follows:

(a) Number of cases under care;
(b) Number of cases needing hospital treatment;
(c) Number of cases needing home nursing care;
(d) Number of cases requesting medical service but not reached.

This information will indicate the situation as regarding the need for emergency nursing and medical service, and should be acquired as fully as possible in larger communities, through various agencies such as a current lay or police canvass of homes, etc. The continuous classification of cases according to these groupings is of practical value.

IV. Analysis, Augmentation and Organization of Principal Facilities.

(A) *Field Nursing.*

1. Ordinarily nursing facilities utilized in general public health work should be diverted to meet the epidemic situation, and should be used on a district basis, with all other available facilities, under one supervision.

2. Nursing assistants, volunteers, etc., should be used wherever possible in homes and institutions, under expert supervision, after classification and assignment on a basis of minimum standards as to fitness, and such intensive training in the care of influenza and pneumonia patients, as may be feasible.

3. From the standpoint of the patient, home treatment is to be advocated, if medical, nursing, disease preventive and other facilities are adequate.

4. Restriction so far as possible through the pressure of public opinion should be brought against the unnecessary use of private nurses.

5. Automobile transportation should be provided, and the nursing service used to encourage isolation and education.

6. Special record forms are essential for this and the medical work, and a special sub-committee is proposed to meet this problem.

7. Provision as to housing and care should be made for out-of-town nurses.

8. We recommend further training with reference to influenza for all graduates of Red Cross Home nursing courses and more extensive use of their services. This would necessitate frequent and careful registration (names, addresses and telephone numbers) and further information regarding personal health, age and ability and willingness to serve.

(B) *Emergency Medical Service.*

1. The medical service should be handled through the central office, the physicians being responsible to the central office, though perhaps assigned to district offices.

2. In this emergency service there should be utilized all available physicians such as school and factory physicians, volunteers, practitioners on a paid basis, fourth-year medical students, etc. This service should cover all calls reported as unreached by private physicians or received through other channels, and should be co-ordinated with the special nursing service, being provided with automobile transportation, machines being hired if necessary.

3. The emergency medical service should be used to select cases needing hospital care.

4. It may be feasible to institute a central clearing house in certain districts for private physicians' calls.

5. An arrangement should be made through the medical licensing board for the granting of temporary permits to practice to reputable physicians from out of the state, at the request of the Central Influenza Committee.

6. In some localities it may be feasible to district the local practitioner and to have him meet special calls on a part time basis for adequate compensation.

7. Certain of the relatively non-essential specialties should be discouraged, and the physicians in those specialties urged to volunteer for emergency district work. This type of service may be operated on a pay or free basis.

8. Presumably some effort should be made, through an authoritative medical commission, to suggest standard methods of treatment, and wise limitations as to therapeutic procedure.

(C) *Hospital Facilities.*

1. It is essential that the facilities, if possible, be kept ahead of the demand. A daily canvass should be made and data collected regarding available beds, medical and nursing needs, domestics, food, cots, supplies, etc. A regular visit by an inspector will probably prove more effective than an attempt at telephone communication.

2. Under most conditions a central clearing house, covering most, if not all, of the hospitals, is advisable for the admission of cases. Through this channel the severer cases may receive first consideration.

Owing to constant changes in the hospital bed situation, the daily canvass of facilities may not be wholly depended upon; on the contrary, it may usually be necessary to telephone the hospital in order to make sure regarding the admission of a particular case. In any event the hospitals, if facilities are inadequate, should be impressed with the necessity for admitting only the most severe or needy cases, pay or free. Special hospital arrangements should be provided for pregnant women.

3. It is advisable to add wards or tents or new equipment to existing institutions rather than to establish entirely new emergency hospitals. If practicable, certain hospitals may be urged to handle influenza cases exclusively.

4. Non-emergency surgical and chronic medical cases amenable to home treatment should be dehospitalized.

5. A convalescent home, if adjacent to the hospital, may serve for the care of mild and convalescent cases, thereby increasing the space in the hospital for acute cases, obviously involving an increase in the nursing facilities,

6. A canvass of ambulance facilities should be made, ambulances being requisitioned with payment, or hired by contract, if necessary. Automobiles and motor trucks should be potentially mobilized for this purpose. Frequently military equipment may be used if necessary.

V. Social and Relief Measures.

1. The central office should keep the family advised regarding the patient, thereby saving telephone calls, trolley fares and worry on the part of the family, and thereby increasing the willingness for hospitalization.

2. Volunteer workers such as Red Cross volunteers, teachers, relatives, etc., should be placed in care of families where the responsible members are dead or hospitalized, this service being under expert social supervision, and the families in touch with the supply system. Supervision of placed-out children is also necessary.

3. Homes should be investigated before patients are discharged into them, when destitution or other untoward circumstances are apparent.

4. Precaution should be taken that institutions and families, too busy with the influenza situation to look after their own needs, are covered by the general relief measures.

5. Ordinarily charitable relief should be handled through the routine agencies, the service co-ordinated with the other epidemiological measures. Churches, lodges, etc., should be urged to handle their own cases, in order to relieve the pressure on the central agency. Aid should be immediate, without protracted investigation.

6. Recreation facilities (motoring, etc.) should be provided for the physicians and nurses while off duty.

VI. Food.

1. Available central cooking facilities should be used so far as is

necessary, such as the dietetic equipment in high schools, normal schools, colleges, etc., with a delivery system to families and institutions in need.

2. Individual families should be encouraged to cook additional amounts, the same to be delivered to central diet kitchens for distribution, a standard list of prepared foods needed being devised and advertised, with recognition of racial customs and preferences.

3. It may be necessary to establish canteens in sections of the city.

VII. Laundry.

1. A special collection and distribution system may be essential both for homes and institutions.

2. It may be necessary to take over public laundry with compensation, or a private non-medical institution laundry.

VIII. Provision for Fatalities.

1. Death reporting should be prompt (24 hours), and a record kept so as to insure prompt disposal of bodies.

2. A daily canvass of available coffins should be made, labor assured for construction, and possibly no coffins sold without the permit of the Influenza Administration Office.

3. If morgue facilities are inadequate a central place should be provided, with embalming facilities, for the temporary disposal of bodies.

4. A canvass of hearses should be made and regulations issued prohibiting unnecessarily long hauls, insisting on maximum capacity loads, etc. A central control will prevent unnecessary duplication as to routes, etc.

5. A reserve supply of trucks and automobiles should be at hand for use in various ways in connection with the handling of fatal cases.

6. The number of graves required should be estimated and labor released from public works or secured through other channels (possibly military) for digging. Possibly temporary trench interment may be necessary.

IX. Education, Instruction and Publicity.

Literature and special instructions will be necessary on many phases, including the following:

1. Instructions to physicians as to reporting, facilities available, district arrangements, etc.

2. Advice to physicians regarding treatment standards and suggestions.

3. Instructions for families, to be distributed by nurses, physicians, social workers, druggists, etc., covering the problems of care during the physician's absence.

4. Instructions to the public as to where aid may be secured, to be printed in various languages, and distributed by druggists, displayed in street cars, used in the press, etc.

5. Instructions for families on "What to do till the doctor comes."

6. Instructions to physicians, factory managers, school superin-

tendents, etc., urging the necessity for immediate home and bed treatment at the first sign of respiratory disease.

7. Popular literature on the essentials of adequate care, the danger of returning to work too soon, etc. Popular press space is worth paying for, if it cannot be secured otherwise.

8. Popular publicity as to legitimate medical, nursing, undertaker, drug, and other charges, to prevent profiteering.

X. Miscellaneous.

1. The co-operation of pharmaceutical agencies should be secured to insure an adequate supply of drugs and druggists.

2. Influenza victims and their families should have "first call" on fuel deliveries.

3. While follow-up procedures are not legitimately a factor in the epidemic situation, their consideration is essential to an adequate meeting of the entire problem. This means adequate provision for medical examination and nursing care, relief measures, industrial employment problems, the follow-up of special sequelæ such as cardiac affections, tuberculosis, etc.

4. It is finally suggested that the health department draw up a programme based on the above outline, holding it in reserve for future use, if not immediately needed, and modifying the proposal to fit the size and other characteristics of the particular community.

The Bacteriology of the 1918 Epidemic of So-called Influenza

The epidemic disease known as influenza is believed to be due to an undetermined organism which causes an infection that lowers the resistance of the body as a whole, and of the respiratory organs in particular. This allows the invasion of other pathogenic micro-organisms. The most important complicating infections are due to the influenza bacilli, different strains of pneumococci and different varieties of streptococci. Some careful observers regard certain of these organisms as the primary cause.

In each case, one or several of these micro-organisms may be present. In different portions of the country the dominating variety of organism has been found to differ.

Vaccines

Assuming that the cause of the epidemic is an unknown virus, it does not seem possible at present to prevent the primary disease by vaccination with known organisms. Against the secondary infections, there would seem to be a theoretical basis for the use of vaccines, and especially for the use of vaccines prepared from organisms responsible for complications which may differ in various localities at various times. This variable bacterial flora may militate against the practical application of vaccination on a large scale, because it would seem to require frequently repeated vaccinations with the flora that may be met with. It is impossible at present to evaluate the reports from the use of these

vaccines adjusted to meet local conditions. More data obtained under carefully controlled conditions are needed.

Stock vaccines made from the influenza bacillus alone, or from other bacteria, have been used to considerable extent. The injections of stock vaccines have seemed to mitigate to some degree some outbreaks of influenza and also the severity of the complicating infections; but in those instances, in which the results of the use of vaccine have been controlled, no appreciable results have been obtained. The fact that the vaccine is usually employed after the epidemic has broken out and is perhaps on a decline, and the fact that an unknown number of people have been exposed, make it very difficult to draw conclusions as to its efficacy.

Recommendations

Your committee recommends that until such time as the efficacy, or the lack of efficacy, of prophylactic vaccination against influenza is established, vaccine, if used, should be employed in a controlled manner, under conditions that will allow a fair comparison of the number of cases and of deaths among the vaccinated and non-vaccinated groups. Particular attention should be directed to securing data as to the period in the epidemic at which vaccinated and non-vaccinated persons developed the disease.

Your committee is of the opinion that the indiscriminate use of stock vaccines against influenza and influenza and pneumonia cannot be recommended.

Nothing in these recommendations should be interpreted as discouraging the use of a pneumococcus stock vaccine against lobar pneumonia.

This epidemic emphasizes the importance of properly equipped laboratories.

History and Statistics of the Epidemic

Your sub-committee wishes to say that, in view of the fact that the historical and other data of the epidemic are still in process of collection, no positive statement can be made at the present time on the precise incidence of the disease in the American population. On the basis of the best data available your sub-committee estimates that there were not less than 400,000 deaths from the disease in the United States during the months of September, October and November, 1918. The major portion of this mortality occurred at ages 20-40, when human life is of the highest economic importance. We would suggest that this sub-committee be authorized to co-operate with the special committee on statistical study of the epidemic of the section on Vital Statistics of this Association, and that the data collected through that latter special committee be reported through the sub-committee on history and statistics of the epidemic to the general reference committee on the influenza epidemic. Standard forms for purposes of statistical tabulation, analysis and graphic presentation will be submitted in a supplementary report at an early date.

Suggestions

In view of the probability of recurrences of the disease from time to time during the coming year, health departments are advised to be ready in advance with plans for prevention, which plans shall embody the framework of necessary measures and as much detail as possible. Laws plainly necessary should be enacted and rules passed now. Emergency funds should be held in reserve or placed in special appropriations, which appropriations can be quickly made available for influenza prevention work.

The probability that, as an after effect of the influenza epidemic, there will be an unusually high pneumonia rate for several years should be taken into consideration.

Of measures for the control of the disease, bacteriologic studies as to the nature of the organisms causing the primary infection and as to bacteria associations, new and improved procedures leading to the production and use of effective vaccines and curative sera, and the fresh air treatment of the infected, appear to offer most promise.

THE WORK OF MISS GRACE GASSETTE

"With Dr. Carrel's solution and Miss Gassette's splints we can save many limbs that would otherwise be amputated," said a French surgeon recently. The wonderful work of Miss Gassette, an American artist, who has lived in Paris for twenty years, is described by Fanny B. Lester in *The Modern Hospital*. At the beginning of the war Miss Gassette worked at the American Ambulance, Neuilly, and for more than two years she has superintended the surgical dressing-room. It was found that the ordinary orthopædic appliances would not do for the fractures caused by modern warfare, and Miss Gassette began to invent simple devices to help the surgeons, so that the limbs could be held in position while the wounds drained. These appliances were so successful that their fame spread to other hospitals, and now Miss Gassette spends all her time at the shop and clinic, opened a year ago in the studios of two artists. At a daily clinic men are seen who have been discharged from hospital, but who need special help. A pair of aluminum corsets, well padded inside, restored the power of walking to a man with two broken vertebræ; a simple invention with screws reduced the deflection of another man's head towards the shoulder from 20 degrees to 85; other appliances have made lame men say, with tears in their eyes: "Mademoiselle, it is a miracle; I cannot believe it is I." The highest distinction possible has been conferred on Miss Gassette, that of the Croix de Chevalier de la Legion d'Honneur.

It is well to watch virtue which employs a press agent.

Sweet Lavender

The pains of hell had gotten hold of him;
He longed for death;
Dim were his eyes, feeble his pulse, and grim
His labored breath.

* * *

"Unless he sleeps he dies" . . . The sands ran low,
But nought availed
To check the on-come of the ruthless foe,—
Pain still prevailed.

Then one in pity, on his pillow laid
A tiny bag
Of lavender, the simplest thing—rough made
Of silken rag.

* * *

Sweet lavender from home! . . . it wafted him
Across the seas,—
He saw the path, the stile, the stream abrim,
The sunlit trees,—

Where he and one had wandered, heart to heart,—
Wedded that day,—
With four days more before they two must part,—
He to the gray.

And she had pelted him with lavender's
Sweet budding sprays,
And like to heaven had been his love and hers
Those five full days.

He smiled through all the torment of his pain
And then . . . he slept;
And all the ward, to salvage such great pain,
On tip-toe crept.

They know not whom to thank for that sweet grace:—
Their hearts go out
To you—and you—in gratitude, in case
'Twas your good thought.

That tiny silken bag they hold, you see,
Beyond all price,
For, under God, three lives it saved, maybe
For Paradise.

From *"The Vision Splendid,"* by JOHN OXENHAM.

Editorial

With this number we begin the New Year, 1919, with its new duties and responsibilities for all women and especially for us, the nurses of Canada. Many reconstruction problems face us as women in this Dominion, but above and beyond all these there are the special problems that we alone can settle, and these must be dealt with with the same energy and enthusiasm as we have for the past four years been putting into our war work. The lack of nurses during the epidemic still raging in our midst showed us perhaps clearer than in any other way how many of our nurses have gone overseas, and this condition will right itself partially, we trust, during this year as the military sisters return to civil life and its duties. The field of Public Health Nurses gets wider every year; or perhaps it would be better to say that the opportunities of that field are getting clearer to our eyes, and the call for nurses is great all over the country. What more patriotic work could one take up than that of educating the people all over the Dominion to conserve life and to have better living conditions. In the Victorian Order Department will be found a letter from Mrs. Hannington, Chief Superintendent of the Order, which she has sent to all Superintendents of Training Schools, and which is worth very careful consideration on the part of all of us. Something more than mere reading of it must be done, and we all must be ready to help the Victorian Order in their work; or arrange a plan, and work it out, in which we can cover the field work. The day has passed when nurses can sit down and simply do the day's work, with no thought of the greater need all round and the wider scope of the country's health to be cared for.

* * * *

In a letter recently received from Miss Margaret Stanley, whose accident, when at the convention in Toronto, aroused the sympathy of all the nurses, she asked that through the magazine she wished to convey her appreciation of repeated kindnesses from the members of our Association at the time of her accident. Miss Stanley says: "I can only thank them, hope to see them next year, and wish for all a very happy Christmas and a glad New Year." It is with great pleasure that we see a promise of a visit to the next convention of Miss Stanley, whose efforts have always been for the improvement of our work and the highest ideals of the profession.

Steps have been taken by the Food Controller to conserve breeding stock, as part of the campaign for increased production of food animals.

Victorian Order of Nurses

The following letter, which explains itself, has been sent to all superintendents of training schools in Canada by Mrs. Hannington, superintendent of the Victorian Order of Nurses:

To the Superintendent of Nurses.
Dear Madam:

When the war broke out in August, 1914, the Victorian Order of Nurses for Canada had all their positions filled with competent nurses, and more or less of a waiting list. This condition rapidly changed as many of our nurses went overseas to answer to that highest call of national service—the call of our fighting men. In addition to this the nursing profession in general responded to the same call, leaving a scarcity in every department of the civil nursing service. With so many men overseas, young women of education and ability went out to fill men's places; and the training schools of Canada, that formerly had a varying waiting list, now find it difficult to get young women of the right personality and education to take up the study of nursing.

On the other hand, the demand for nursing service, especially in the public health work, has never been so great. The Victorian Order alone could double its staff to-morrow if it had the nurses, and at much better salaries than have been paid. In addition to this, all other branches of the public health service have the same need for graduate nurses.

After the Americans entered into the war, their Red Cross, finding the same conditions, at once took steps to speed up the supply of nurses. They also made an appeal to the whole country for nurses to enlist in the Red Cross Home Service. For some reason this has proved more attractive than home service in Canada, and in the last year hundreds and thousands of our nurses have given up their work in Canada to take up the same work on the American side. Possibly one reason may be better salaries paid and more attractive conditions under which to work.

The Victorian Order of Nurses feels that this condition of affairs is little known amongst the profession at large, and we are sending out Miss Virginia Gibbs, who was a member of the American Red Cross and who came to Canada to take the post-graduate course in public health nursing given by the Victorian Order of Nurses, and has been granted leave of absence from the American Red Cross and loaned to us to take up this work. Miss Gibbs will visit all the training schools in Canada and speak to the pupil nurses. The Victorian Order asks you to be kind enough to give her a hearing at your hospital. She has wide experience in this work, and I think your nurses will find

what she has to say of much interest. A great field of public health nursing service is opening up in Canada. The Western provinces of Manitoba, Alberta and Saskatchewan are all establishing a Provincial Nursing Service. The Victorian Order wishes to double and treble their activities. It is all the same work, and it is an actual piece of national service of the highest kind.

I am asking other friends interested in this work to give Miss Gibbs an opportunity to speak to the high school girls, and, where possible, to college girls, pointing out the opportunities of, and their responsibilities towards, the nursing service at large. These girls are at the formative age, and, if their attention was drawn to this service, many more of them would possibly enter the Canadian training schools. Many of our hospital training schools would gladly increase their staff for the good of the country if they could secure the material.

It is no good to talk about reconstruction and rehabilitation unless we are prepared to take care of the health of our people.

Miss Gibbs will notify you when she is expected in your city, and I feel sure you will give her every opportunity to talk to the nurses. I think it will help the profession in every way for us to get together and hear of our different problems.

With kind regards,

Yours faithfully,

C. HANNINGTON,

Chief Superintendent, Victorian Order of Nurses.

* * * *

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

While for your happiness this daily pleading,
I say "God bless you" and I leave the rest;
How can we tell what those we love are needing—
How can we know what for each heart is best?
I lift my eyes to Him Who only knoweth, and pray
That He will bless you in His way.

Any one can carry his burden, however heavy, till nightfall. Any one can do his work, however hard, for one day. Any one can live sweetly, patiently, lovingly, purely, till the sun goes down. And this is all that life ever really means.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The December meeting of the C. N. A. was held in the clubroom on Tuesday the 3rd and took the form of a social evening for Miss Fairley, our First Vice-President, who is leaving Montreal to take charge of the General Hospital in Hamilton, Ont.

Miss Fairley will be greatly missed by the nursing profession in Montreal, but as our loss is her gain we offer her our hearty congratulations.

Miss Moffat and Miss MacFarlane, with several other nurses, are leaving shortly for Vancouver in charge of the families of officers returning from overseas.

Nursing Sister Colby has already gone.

The Quebec Provincial Nurses' Association accepted with regret the resignation of their President, Miss Fairley, who has accepted the position of Superintendent of the General Hospital in Hamilton. Miss O. Z. DeLany has been appointed to fill the vacancy for the balance of the year.

Speak thou the truth; let others fence
And trim the words for pay.
In pleasant sunshine of pretence
Let others bask their day.

Be true to every inmost thought,
And as thy thought thy speech;
What thou hast not by suffering bought,
Presume thou not to teach.

ALFORD.

News from The Medical World

By Elizabeth Robinson Scovil

The Influenza

The journal of the American Medical Association says the results of investigation support the conclusion that we do not understand the true nature of the condition now being called epidemic influenza; that there is not sufficient evidence to regard any one of the different forms of bacteria found in the respiratory tract in the cases of the disease as the primary cause, but that all the bacteria, the influenza bacillus, as well as the so-called diplostreptococci and others, may be secondary invaders transmissible from person to person with almost the same ease as the supposed, though unknown, primary cause. The present epidemic apparently differs from earlier epidemics mainly in contagiousness and in its extensive spread.

Treatment of Influenza

Dr. Ely, of Philadelphia, says, with acidosis as the admitted cause of death in these influenza cases, "I have treated every patient on this theory. I have given every patient the three well-known alkalis, sodium bicarbonate, potassium citrate and the calcium salts, in the form of lime water. To every patient is administered a teaspoonful of soda bicarbonate to a pint of luke-warm water every four hours by enema. The prescription by mouth was sodium bicarb., half an ounce, peppermint water, four ounces; a teaspoonful every two hours. Alternating with potassium citrate, half an ounce, peppermint water, four ounces; a teaspoonful every two hours. The calcium salts were given in the form of lime water one-third, milk two-thirds. When the potassium salts could not be tolerated, the soda bicarb. and the soda enema gave relief, even in severe cases.

Cause of Illness

A writer in *The Medical Record* remarks in the course of an article upon another subject that aside from mechanical injuries and general infections most sickness is now known to be due to what is called focal infection. This is the localization of a focus of bacteria and the distribution from it of living germs, as well as their poisonous products. Such focci are common in teeth roots, tonsils, sinuses, the appendix, gall bladder and the cervix. Modern medicine requires a careful study of the sick and a most minute search for the focci. After its removal a matter of great importance to the patient is that elimination of poisons should be hastened by stimulating the skin. Active hydrotherapy and massage are most beneficial.

Meningitis Carriers

Dr. H. L. Abramson, well known in connection with his work in infantile paralysis in New York and who is now in charge of the Provincial Laboratory, St. John, New Brunswick, says that a special method of detecting meningitis carriers has been discovered. It is a combination of bacteriological and serological tests by which isolation can now be confined to special cases instead of a general quarantine being necessary.

New Dressing for Wounds

The *New York Medical Journal* states that blotting-paper, prepared in a variety of ways, is useful in the dressing of wounds. Instead of using gauze or cotton as a drain, thin strips of blotting-paper are inserted; for an external dressing, the blotting-paper is crumpled up in the hand. It may be reinforced with a little gauze, or a cotton roll bandage. It makes a light, airy, inexpensive dressing; is easily removed, and is more readily destroyed than a cotton dressing.

Epidemic Influenza

In an article in the *Journal of the American Medical Association* it is stated that Cromwell died of this disease, and that the country at that time was one vast hospital. The Italian term influenza was first used in England in the epidemic of 1743. About 1712 the French name la grippe came into use. Noah Webster locates the first American epidemic of which he could find an account in 1647. It is twenty-eight years since the last great epidemic in 1890, which accounts for the greater susceptibility of younger persons, as they have not become immune through exposure to the infection.

Isolation of the patients and the use of proper mesh masks by the attendant physicians and nurses are the best means of preventing the spread of infection.

Pituitary Extract in Labor

Some of the medical journals issue warnings against the abuse of pituitary extract in child-birth. It is contended that its use should be limited to conditions of simple uterine inertia in which no obstruction to the passage of the child exists either in the cerver, or in the bony pelvis. Especially the patient must not be in a condition of exhaustion. When improperly employed, the bad effects vary from laceration of the cervix and perineum to complete rupture of the uterus. There is also the possibility of inducing post-partum hemorrhage and of asphyxiating the child.

Opening Windows Before Meals

Opening windows for a few moments before meals are served will help to stimulate the appetite. It is impossible to feel a keen hunger in a close, hot room.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

The formation of the "Committee of Sixteen" last August for a three months' preliminary study of the vice problem in Montreal is one step forward of paramount importance in the public health movement.

To bring forward facts by trained investigators to educate public opinion was the object of the committee. They find at the end of this three months' survey, with two trained workers and with volunteer workers, the conditions to be so appalling, though they merely scratched the surface, as it were, that this committee should and must be made a permanent one and the work carried forward on a much larger scale. The members of the committee feel certain of the immense possibilities for good in a work of this nature carried on in a dignified, unsensational manner; their findings brought to bear on an educated public opinion. The police officials, court officers and the various other agencies will be forced to enforce the laws that are already on the statute books.

Observations have been made of the district condition of the houses of ill repute, and their moral effect on the families who are compelled to live in these vicinities on account of the lower rental rates; the moral effect on these children; prevalence of venereal disease; living conditions, working conditions, recreation, delinquency, moral deficiency, illegitimacy, and so on. This has been a broad field of observation, but it has been carried on effectively and well. Their preliminary report has just been published; at a later date a more detailed report of the individual subjects will be given out.

This committee is composed of workers from the agencies in the city dealing with the different phases of these various problems.

Baby Welfare Movement in Montreal

In December, 1916, the Baby Welfare Committee was formed to plan for a Baby Welfare Exhibit to be held in the early summer of 1917. Through the efforts of this committee the exhibit was a gratifying success, and at the request of the general public it was kept open for a second week. One of the larger department stores in the business centre offered the use of one floor of their building, which was used to good advantage. It was estimated that at least 25,000 persons visited the exhibit.

As that was the end of the definite work for which the committee had been formed, it was decided to make it a permanent

organization, having on its membership all workers and organizations who were interested in the "Better Baby Movement." During the summer and fall it was interested in the question of price and grade of milk and the Baby Health Centres. In the fall, from this committee was formed the affiliation of the Baby Health Centres (English) to standardize and increase the number of Health Centres in the city amongst the English-speaking people. There was already established an affiliation of the French stations.

With this end in mind standard charts and reports were arranged; a survey of the congested section in each district was planned, having for its object the enrollment of all the babies in the district. The nurses in charge of the stations found it advisable to hold monthly meetings, when their individual problems were made general problems and discussed. The affiliation formed this group into an advisory committee.

With the seven English Baby Health Centres a very successful summer's work was carried on, with a total enrollment for the three summer months of 2,122 babies, the nurses making 2,891 visits. The old idea of the milk station has been mostly done away with and the work has been carried on more along the educational lines.

Mothers' classes, little mothers' leagues and prenatal work is also carried on from the centres.

In September the idea of the moving clinic was tried very successfully for a few weeks. Plans will be made to have this a permanent part of the work next summer.

The Baby Health Centres are mostly financed by funds from private sources, a very small grant being given to each station by the city.

We are looking forward to a much closer co-operation from the city with a much larger grant during the coming year. All with the endeavor to wipe the stain off our city as being one of the first in the high rate of infant mortality in America.

Miss Dyke, Miss Sterritt, Miss Powle, Miss Knox, Toronto; Miss DeLany, Montreal; Miss Russell, Winnipeg; and Miss C. Smith, Edmonton, were amongst the nurses registered at the American Public Health Convention and the meetings of the National Organization of the Public Health Nurses held in Chicago, December 9 to 14 inclusive.

We were glad to see the Canadian nursing profession so well represented at these conferences. Further reports of the conference will be given in a later issue.

The subject of adding an elective course in Public Health Nursing to the curriculum of the training schools in the Province, to affiliate with the Montreal Branch of the Victorian Order of Nurses, is under discussion.

The progress of the Provincial Nurses' Bill is reported very slow and not very satisfactory to date.

Of the fifty-seven nurses of the Victorian Order of Nurses who obtained leave to go overseas on military duty, three have been decorated by the King.

War Substitute

In England lard can no longer be dispensed in a prescription. A base consisting of 5 per cent. wool fat, 10 per cent. paraffin and 85 per cent. petrolatum is on the market as a substitute, and seems to be satisfactory.

GET A TRANSFER

If you are on the Gloomy Line,
Get a transfer.
If you're inclined to fret and pine,
Get a transfer.
Get off the track of Doubt and Gloom,
Get on a Sunshine Train—there's room:
Get a transfer.

If you are on the Worry Train,
Get a transfer.
You must not stay there and complain,
Get a transfer.
The Cheerful Cars are passing through,
And there is lots of room for you:
Get a transfer.

If you are on the Grouchy Track,
Get a transfer.
Just take a Happy Special back,
Get a transfer.
Jump on the train and pull the rope,
That lands you at the Station Hope:
Get a transfer.

San Francisco News Letter.

More Sheep Called For

While special emphasis has been laid on the increased production of hogs, more sheep are needed also. The increase in the number of sheep in all Canada this year amounted to 300,000 head, or 15 per cent.

The Diet Kitchen

By Elizabeth Robinson Scovil

Chocolate and Cocoa

The chocolate tree grows in the tropical countries of America. It was given its name by the Mexicans, while the Spanish called it cacao, which makes a confusion in our modern minds, as both meant the same thing. The seeds of this tree grow in a brownish-yellow pod about a foot long. When fresh they are a whitish color and very bitter. As the pods ripen they are cut off and left to dry for twenty-four hours. The seeds are then taken out and thrown in heaps to ferment for a few days. They darken in color and become milder in taste, and then are roasted to still further improve the flavor, though they must go through several other processes before they are fit for food. At the factory the beans are cracked into what we call cocoa nibs, but this is very unlike the chocolate and cocoa with which we are most familiar.

Cocoa beans contain so much fat that when they are ground the result is not a powder, but a paste. This paste run into moulds when cool forms cakes of plain chocolate. If sweet chocolate is desired it is flavored and sweetened before being moulded.

Cocoa as we know it is the cocoa nibs deprived of a large proportion of their fat in powerful presses and then ground to powder. The fat is sold as cocoa butter. Although the name is similar, the cocoa-nut palm belongs to a different family of trees from the parent of the cocoa bean.

It is especially valuable for the sick because it is a food as well as a drink. It contains starch, fat and nitrogenous compounds. The great Swedish botanist, Linnans, called cocoa theobroma, the food of the gods. The journal of the American Medical Association stated recently that a bar of chocolate candy—sweet, milk or nut chocolate, such as could be purchased for ten cents—will furnish as much as 735 calories in some brands, ordinarily from 300 to 600 calories. A man doing active work requires only about 3,000 calories a day.

Cocoa is insoluble, as anyone will readily believe who has tried to mix it with water, but when it is boiled the starch thickens sufficiently to keep the other solid particles suspended and make a smooth liquid. Neither it nor chocolate stimulates the nerves, though they contain theobromine, a substance similar to caffeine, but much less powerful in its action.

Cocoa Nibs

To make cocoa from the cracked bean, take a quarter of a cupful to a pint and a-half of boiling water; cook together for at least two

hours, and serve with milk and sugar. As long cooking improves it, add a little more cocoa and fresh water to the remainder in the pot and boil it again.

In using the ordinary breakfast cocoa, mix it with the sugar before adding milk. Beat well with a Dover eggbeater to prevent an albuminous skin from forming. Chocolate should be melted and sugar and a little hot water added before putting in the milk.

Chocolate can be added to many dishes, increasing the amount of nourishment and improving the flavor.

Chocolate Bread Pudding

One cup of soft bread crumbs, two cups of hot milk, one square of chocolate, one-third of a cup of sugar, one egg, half a teaspoonful of vanilla. Soak the bread in the milk, milk chocolate and add sugar and enough of the milk to mix it smooth; put in the remaining ingredients, the egg slightly beaten, and bake about half an hour.

WE LIVE

No poem of the war has made a more instant and universal appeal than the one written by the lamented and heroic Lieut.-Colonel John McCrae, of the C.E.F., under the title "In Flanders' Fields." The following lines were written in response to the stirring verses above mentioned:

In Flanders' fields we dead awake
And straightway vanquished graves forsake;
We can not lie in passive sleep
While our enslaved brothers weep;
Not impotently do we rest,
But rise, unfettered, vigorous, blest;
In a new morn we rise with you
To keep the faith and "see it through."

Are we the dead? These graves are sign
That death nor tomb can life confine.
Can darkness hinder day's full dawn
Or keep the lark down on the lawn?
Our rest is still to aid the Right
Against the despot's cruel might.

We live! God-animated, strong,
A flaming sword 'gainst human wrong;
And we with you the torch will bear—
Together on to victory fare.
Not in our graves we lie asleep,
But still undying vigil keep.

Guelph, Ont. Ethel Young.

War Notes

A Royal Air Force carrier-pigeon saved the lives of two flying officers when they were compelled to descend in their machine near the rocky coast of Scotland. A heavy sea was running and there was great danger of being dashed to pieces. The pigeon was released at 4 p.m.; it reached its cot in 22 minutes, having travelled 22 miles. Help was at once sent. When the relief ship arrived the airmen were clinging to the wreckage, which was rapidly breaking up.

S. Michael has been chosen as the patron saint of airmen because of his tremendous conflict in the heavens with Lucifer. "Michael and his angels fought against the dragon, and the dragon fought and his angels."

One of the most interesting gifts presented to the Gold and Silver Fund of the British Red Cross was a silver gilt tea service presented by the late Czar. A complete pearl necklace, containing 125 pearls, was sent from Egypt to the Red Cross pearl collection, which recently numbered over 3,500 pearls.

It is mentioned in English papers that the Queen has sent $2,000 to the Serbian Relief Fund from the Women's Canadian Club of Vancouver.

It is suggested that the terms of an armistice with Germany will include Allied occupation of a portion of Germany, with Entente and American troops in Berlin, at the Krupps works at Essen, in Metz, Strasburg, Coblentz, and all Key fortifications; also possession of Heligoland. The bulk of the enemy cannon and munitions to be surrendered to the custody of the Allies, and the German army to be disbanded. Von der Lancken and other perpetrators of the more revolting German outrages to be held as hostages, and suitable disposition to be made of the Kaiser. The latter is under indictment in England for murder in the first degree by the slaying of children in air raids.

Paderewski is a member of a committee to ask President Wilson to recognize Poland as an independent State. A free Polish nation would form a barrier between Germany and her designs on Russia and help to ensure the peace of Europe.

Returned From Overseas

Nursing Sisters Bertha Broadfoot Robb, M. McCort, M. G. Soutar, M. H. Henderson, E. I. Stewart, E. C. Carleton, R. B. Wurtele, F. A. Leamy, J. P. McKenzie, Maude King Brown, Beatrice Kay, A. G. Rothwell, B. B. Robb, Margaret Ponsford Dunham, E. F. Taggie, A. E. Gamble, J. N. McAmm, E. C. VanBockstaele, G. M. Carvolth, S. McLeod, K. Adams, I. Patton, C. Chicoyne, J. Chisholm.

The World's Pulse

The London Daily Mail says: On the eve of the war women were fighting policemen in our streets to demonstrate their intellectual—and presuambly physical—equality with men. They chained themselves to railings and broke windows to prove their fitness to make laws for the government of the unruly. They held processions with banners to show how superior they rose to the masculine conventions of political agitation. Six million women received the franchise for which they fought so fiercely, and they did not raise so much as a single, solitary hosannah! They did not even suspend their various forms of war work for the few minutes necessary for mutual congratulations over a cup of tea. So the wonders of the war multiply.

Parliament, by 274 votes to 25, expressed the opinion that it is desirable to make it legal for women to be members of parliament. Tory and Liberal, who four short years ago were prepared to fight to the last gasp to defend the parliamentary citadel against feminine invasion, vied with one another in giving warm expression to their gratification at the prospect of women becoming M. P.'s.

The collection of pearls for the Red Cross necklaces has ceased. Twenty-eight necklaces have been made already, some of them of remarkable beauty. The pearls were graded by expert jewellers.

At a funeral of a flight-lieutenant of the R. A. F. in England 15 airplanes flew over the cemetery during the service. A floral offering from the officers' squadron was borne by four men. It was in the shape of an airplane, the wings made of chrysanthemums and the propellor of violets.

It is proposed to erect in London an Overseas Building dedicated to the use of British subjects, men and women from across the seas, for all time. This building would be the rallying point of all overseas activities. The two chief objects in view are therefore to provide the men or women from overseas with a home in the heart of the Empire to ensure that no visitor to London from Greater Britain should ever feel lonely again, and to be a kind of Imperial nerve centre from which all those schemes for the good of the British Commonwealth of nations should radiate.

Miss Christabel Pankhurst has stated that the Canadian women are signing pledges to carry on a vigorous campaign to bring about a complete boycott of Germany for many years to come. She added: "I am expressing the hard, sane belief of every woman. We forbid the politicians to make any bargain or compromise with the German

people." Now that women have political power they can make their weight felt in questions of the day.

Two airmen who had been prisoners in Germany reported that the Germans in their retreat took all the property of civilians that they could carry away. The food given the airmen was so wretched that it was only by bribing their guards they could obtain sufficient to sustain life. One of the guards while drunk sang the Marseillaise, and all spoke disparagingly of the ex-Kaiser, not one of whose six sons had suffered a wound.

Much property in British Columbia was bought before the war for William, the ex-Kaiser, by his agent, Alvo von Alvensleben, who lived in Vancouver and was received in society there. It now transpires that he was the Hohenzollern nominee for Governor of British Columbia when it should be made a Prussian province.

The convoy system has amply proved its value. Before it was introduced Great Britain lost 10 per cent. of her food ships; convoys reduced the loss to about 1 per cent. More than 26,000,000 tons of foodstuffs and 35,000,000 tons of war munitions have been brought safely to England alone; 307 ships from the Argentine, carrying grain, crossed the Atlantic to British, French and Italian ports with the loss of only one ship. One of the largest convoys was organized for the transport of Dominion troops, and comprised 32 ships; all reached their destination safely.

Peace will bring a great extension of the aerial service. The French Government is considering a proposition to create about twenty aerial lines connecting Paris with the chief towns of France and with the great foreign centres.

Bede Cottage, the scene of George Eliot's novel and the original home of Adam Bede, situated on Roston Common, Derbyshire, has recently been sold at auction for £575. The building which was the workshop of Seth and Adam Bede is still attached to it.

The Germans lost a third of the 18,000 pieces of artillery they had in France in July, 1918, through capture by the Allies. The loss in guns destroyed is estimated at 2,000 pieces. The Allies' demand for 5,000 additional guns leaves the German army with but one-fifth of its artillery strength. The surrender of 1,700 bombing and fighting airplanes leaves them with few of these machines and reduces the strength of other branches of the flying service.

Capt. Persins, the German naval critic, in an article in *The Berlin Tageblatt*, admitted that the German navy was no match for the Allied fleet and that another great battle would have destroyed it utterly. The mutiny of the ships' crews was an act of self-preservation.

An event destined to be celebrated for generations in song and story took place on Thursday, November 21st, when seventy-one ships of the German navy, strung out in a column almost twenty miles long, surrendered to the Allied navy. Admiral Beatty received the German

commander on board his flagship, the Queen Elizabeth, and the signatures to the necessary documents were affixed in Admiral Beatty's cabin. A celebrated painter was present to make a sketch for an oil painting to commemorate the scene. The rendezvous of the ships was the Inch Cape Rock, well known to readers of Longfellow. Besides the British grand fleet three French warships and five American battleships represented their respective navies. The German fleet is interned in Scapa Flow, a small inland sea in the middle of the Orkney Islands. The German U-boats were surrendered separately. Given up without a blow being struck in self-defence, this is considered the most ignominious surrender in history.

FIRE CONDITIONS IN HOSPITALS

Many Canadian hospitals and similar institutions lack adequate means of escape in case of fire. Many are situated at a considerable distance from the protection of municipal fire departments and are entirely dependent upon their own resources and equipment. Inmates incapacitated by illness, the blind and imbecile are practically helpless in an emergency. A fire starting in the basement or upon the lower floors would, in many cases, cut off descent by the ordinary stairways and elevators. If unassisted, rapid exit down external fire escapes is obviously impossible to the bedridden and crippled.

To overcome this vital defect it has been suggested that every hospital, asylum and public institution introduce a fire-resisting wall, cutting the entire building into two parts. In case of fire breaking out on one side of the wall, automatic alarm signals would notify everyone upon that side and they could pass through the doorways of the wall into the safe section of the building and reach the ground, if necessary, by elevators or stairways which would be in a normal condition. With proper fire drill, the attendants would, at the first alarm, wheel the helpless on their beds through the doorways in the dividing wall with scarcely any disturbance. Safety would be found upon each floor, without the danger attending vertical travel.

The most attractive feature of the bi-sectional wall is its cost compared with structural alterations necessary in providing new stairways and unsightly and dangerous external fire-escapes. In many cases, existing walls can be developed into fire barriers with very little expense. The Department of Charities and Corrections of New York City has recently had the system installed complete with automatic alarms in each of the two hundred buildings under its control. The authorities responsible for the welfare of inmates in large institutions in Canada should give the matter consideration and, as far as possible, adopt this simple method of safeguarding the lives in their keeping from the dangers of fire.—*Conservation Bulletin.*

Hospitals and Nurses

NOVA SCOTIA

An important meeting of the N.S.G.N.A. was held recently to discuss the appointment of nurses to engage for service on trains bearing the wives and families of soldiers to their homes, such a request having been made by the Red Cross, Miss Pickles, national councillor, presenting it to the Association. Three nurses offered their services and several more are needed; but, owing to the scarcity of available nurses, few were able to volunteer.

Nursing Sister Laura May Jenner, daughter of the Rev. J. H. Jenner, of St. John, died in a nursing home in London from the effects of an operation. Miss Jenner was on duty at the Station Hospital, Cogswell Street, for two years, and left for overseas last July. Owing to illness, she was recommended for return to Canada, but became worse and died shortly before the date set for her departure for Canada.

The baby clinic has been opened again, and is under the charge of Miss Carrol, V.O.N., during the absence of Miss Jardine.

An eye, nose and throat clinic has been opened at the dispensary, with a V.O.N. in charge.

Matron Pope, formerly of the Station Hospital, has returned from overseas. She has been warmly welcomed by her many friends in Halifax. She leaves shortly for Ottawa. While in the city, she was the guest of honor at a tea given by Mrs. McLaren, late of the Station Hospital. Sister Pope is one of the Canadian sisters who went through the South African war, and was in charge of the Station Hospital.

Christmas was very pleasantly spent at the different hospitals in the city. At Cogswell Street Military Hospital the Red Cross and the Evangeline Chapter of the Daughters of the Empire decorated and provided a tree for each ward. The patients' dinner was held on Sunday, the huge dining-room being beautifully decorated by the matron and some convalescent patients. A tree was ready on Monday for those going home over Christmas, and was provided by the "John Stewart" Chapter of the I.O.D.E., Mrs. Forrest, a member of the N.S.G.N.A., being Regent of the Chapter.

On Christmas afternoon the Princess Louise Chapter of the I. O. D. E. gave a tree for the bed patients, and on Christmas Eve a quartette from the city sang carols. The Infants' Home, whose superintendent is the president of the N.S.G.N.A., had a wonderful Christmas tree for the children, assisted by the ladies of the board of management. Unfortunately, Miss Bamford and several of her staff were laid up with influenza, but are all recovering.

Acting Matron Graham, formerly of Pine Hill, and Acting Matron Fraser, formerly of Cogswell Street Hospital, have arrived safely in England.

Mrs. Doyle, acting matron for so long at Cogswell Street Military Hospital, has gone to France and is attached to No. 3 General Hospital.

The engagement is announced of Nursing Sister Eva MacDonald, of Gogswell Street Hospital, to Capt. Haliburton, of Halifax. The wedding will take place shortly.

Nursing Sisters Macdonald and Dempsey have gone on a hospital train to the Coast.

* * * *

NEW BRUNSWICK

The regular meeting of the N.B.A. of G. N. met at the General Public Hospital, St. John, December 9th, 1918, the president, Miss Brown, in the chair. The usual routine business was transacted.

The regular meeting of the St. John General Hospital A.A. met December 18th, 1918, the president, Miss Mitchell, in the chair. It was decided that the Alumnæ should entertain the graduating class of the hospital at a dinner, which took place December 19th. The dining-room at the Royal Hotel was decorated, and a most delightful evening was spent. The guests were received by Miss H. Mitchell, the president, assisted by Miss K. Holt. After dinner, many toasts were given and clever responses made. The guests then were presented with boxes of chocolates, given by the Ross Drug Company, and the evening was at an end, the unanimous voice declaring it to have been most successful, and the hope expressed that it might become an annual affair. The names of the graduating class are as follows: Misses Freda Patterson, who responded to the toast of "Our Guests"; Gertrude Compton, Gladys McLennan, Grace Andrews, Thora Berg, Irene Kelly, Marion Berry, Mary Wetmore, Rose Kiersted, Alice Burke, Evelyn Bedford and Hazel Latimer.

At the annual meeting of the Association it was decided that news items from all over the Province should be sent by the vice-president from that section to St. John. Will the different associations please remember that, and send in all such information monthly.

* * * *

QUEBEC

Montreal

At a meeting of the M.G.H. Alumnæ Society, it was decided to give the sum of $200 to the Prisoners of War Fund and $100 to *The Canadian Nurse*.

Miss Davis and Miss O'Dell have returned from France.

Miss McCallum is nursing in Winnipeg.

At the November monthly meeting of the M.G.H. Alumnæ, Mrs. Fowler gave a very interesting talk on "Social Service Work."

Miss Ethel Little has joined the operating-room staff of the N.G.H.

THE WESTERN HOSPITAL ALUMNAE ASSOCIATION

The Nurses' Alumnæ Association of the Western Hospital met on Monday afternoon, December 2nd, in the nurses' residence.

The tennis tea, held on the hospital grounds last summer in aid of the Association, was very successful, the sum of $134 being made.

Miss Craig had a request from the president of the Canadian National Association, asking for a subscription in aid of the magazine. A grant of $33 was made.

We are pleased to report Nursing Sister Lena Moore, who had been very ill with pneumonia, has made a good and rapid recovery.

Miss Lucy Sutton and Miss Anna Vance left on December 5th for overseas.

On December 18th the graduating exercises of the Western Hospital were held in the hospital, twelve nurses receiving their medals and diplomas, which were presented by Mrs. Richard Kerry. Mr. J. C. Newman, in the absence of Mr. T. O. Lyall, president of the hospital, took the chair, and opened the proceedings with a short address Appropriate addresses were also delivered by Lieut.-Col. Lorne Gilday, D.S.O., Rev. Geo. Adam, Mr. James Carruthers, Dr. James Perrigo, Lieut.-Col. Robert Wilson and others.

The following nurses compose the graduating class: Miss Elizabeth Whimbey, Miss Jessie Telfer, Miss Ethel Mount, Miss Edna Payne, Miss Evelyn Davison, Miss Avelina Stephens, Miss Mabel Platt, Miss Eileen Cunningham, Miss Ruth Leavitt, Miss Marjorie Watson, Miss. Bessie Hill, Miss Edythe Ross.

The Gold Medal was awarded to Miss Ruth Leavitt for the highest number of marks in the three-year course.

We regret to report the death of Miss Florence Salmon, who died in Morrisburg from a severe attack of influenza.

* * * *

ONTARIO

Five K.G.H. graduates left recently for overseas—N. S. Ethel Bradley, who has been matron at the Ongwanda Military Hospital since it was opened in 1915, and three of her nursing sisters, Annie Gibson, Lillian McGill and Blanche M. Wesley; also Nursing Sister Mary A. Boyce, who was formerly night superintendent at the K.G.H.

Nursing Sister Marion Armstrong has returned from overseas for a much-needed rest.

The Brantford General Hospital A.A. held a very successful bazaar in the assembly hall of the Nurses' Home on December 12th, 1918; the proceeds, amounting to $175, to be invested in a Blanche Neff Memorial Fund to the memory of Miss Blanche Neff, a graduate of the school

and a recent victim of the influenza. After the bazaar the nurses and their friends repaired to the reception-rooms, where the remainder of the evening was spent in cards and dancing.

MACK TRAINING SCHOOL, ST. CATHARINES, ONT.

Mr. and Mrs. Joe Lindsay and their two children spent a few days in St. Catharines recently.

The recent epidemic of influenza affected the nurses at the hospital quite seriously, over two-thirds of them being ill with it. Fortunately, all are now recovered or convalescent.

No October or November meetings were held by the Alumnæ Association, owing to the prevalence of the "flu."

KINGSTON

The Kingston Chapter of the G.N.A.O. held their annual meeting on December 3rd at the Kingston General Hospital. An interesting report of the year's work was read by Miss Fairlie.

Mrs. G. Leggett and Mrs. G. H. Williamson volunteered to visit sick nurses during December.

It was proposed that a roll of honor of the graduates of the K.G.H. who have been overseas be placed in the nurses' residence in the near future. It was decided to leave the matter in the hands of the Alumnæ Association.

The following officers were then elected: Chairman, Mrs. G. Crawford; vice-chairman, E. Pearl Martin; secretary-treasurer, Miss Murdock; assistant secretary-treasurer, Mrs. Robinson; corresponding secretary, Mrs. Stewart Crawford.

An interesting address was given by Mrs. McCallum, who returned to Canada from Turkey shortly after the outbreak of the war. She spoke of the country and conditions leading up to the war. The address was followed by a song by Miss Tolley, and both were much enjoyed.

* * * *

BRITISH COLUMBIA

Most impressive was the simple but touching ceremony on Friday afternoon, December 27th, when Ward "S" in the General Hospital was dedicated to the memory of Nursing Sisters Eden Pringle, of Vancouver, who was killed in France while serving in a military hospital.

Colonel (Rev.) Andrews, of Victoria, conducted the dedication service. He was the last person to speak to the heroine nurse before her death. Mr. J. J. Banfield spoke as a representative of the Hospital Board, and others who attended were Dr. Malcolm MacEachern, superintendent of the General Hospital; General Leckie and Col. Doherty. The Eden Lyall Pringle Chapter of the Daughters of the Empire was formed in memory of Nurse Pringle.

The name of Nursing Sister Harriet Jukes, of Vancouver, appears in the list of New Year honors as being presented with the Royal Red Cross in recognition of her splendid services in French hospitals during the past three years of the war.

Miss Jukes, who left with a draft early in the war, was well known in Vancouver and Victoria, where she had many friends. She has passed through many thrilling and trying days, and was for 18 months stationed at Doulons, the hospital which was bombed, with disastrous results, by Hun airmen.

Report of the V.G.N.A. Registry for 1918

In making my report this year, I would like to emphasize the fact that the V.G.N.A. Registry supplies nurses for the whole of British Columbia, which, of course, depletes the private nursing staff for Vancouver.

During the present epidemic our nurses have worked at points as far apart as Anyox and Phoenix. A number were also called to the emergency hospitals and military hospitals.

Many nurses were taken ill with the influenza, or else had to nurse it in their own homes; so that, while we had two hundred nurses on call during the year, there were only about one hundred and twenty-five left to fight the epidemic in the city.

It is with deep regret that I have to record the deaths of three of our nurses. First, that of Miss Armstrong, who was taken ill while on duty at the Military Annex and died the same night. She was a clever, kind, conscientious nurse; just the one, we thought, for our returned men, who held her in high esteem, as was shown by the beautiful flowers they sent.

Miss McCartin, one of our oldest members, while nursing her parents, contracted influenza and did not recover. She possessed all the qualities necessary for a good nurse. We miss her very much, and many of us find it hard to realize that she will not again be with us.

Miss Patterson, a graduate of the Newton (Mass.) Hospital, although with us but a short time, proved herself of sterling worth. She contracted influenza while on duty at the General Hospital, and died in a few hours.

In presenting the figures in connection with the year's work, a little explanation appears to be necessary.

Some days we have as many as forty calls, outside the hospitals, which cannot be filled; and never less than twenty-five. The Association may wonder why there were fewer calls during the months of the epidemic. This was because, when a doctor has a nurse, he sends her from one case to another, or the patient may send her to a friend, so that she does not come on call for weeks at a time.

There were fifty-nine emergency nurses. Some were trained, some partly so, and some just practical nurses. They were kept constantly busy, and were extremely useful. As they were volunteers during the epidemic, and were not on the registry, their calls are not included in the table:

Total number of calls filled	2020
Number of nurses	200
Number of hospital positions filled	28
Number of nurses called to military duty	14
Number of nurses in public work	3
Number married	3
Number left the city	9
Deaths	3

LILLIAN G. ARCHIBALD,
Registrar.

Marriages

O'BOYLE-SULLIVAN—On Wednesday, November 20th, 1918, Margaret Sullivan, graduate of St. Michael's Hospital, Toronto, to Mr. Eugene O'Boyle, of Monteith, Ont.

Deaths

GODFREY—In Montreal, Que., on October 11th, 1918, at the Western Hospital, Mrs. C. McC. Godfrey, of pneumonia following influenza. Mrs. Godfrey was a member of the staff of the Victorian Order of Nurses, Montreal.

HOPKINS—January 2nd, 1919, at the Vancouver General Hospital, Grace Henriette, only and beloved daughter of Mr. and Mrs. G. H. Hopkins, of Hopkins Landing, in her 24th year. Miss Hopkins had been a pupil nurse in the V.G.H. for two years and nine months, and died of complications following influenza.

BUSH—At the General and Marine Hospital, St. Catharines, Ont., October 24th, 1918, Clara A. Bush, graduate of the Mack Training School, St. Catharines, Ont., of pneumonia following influenza, contracted in the following of her profession, which she dearly loved, and of which she was a valued member. Anyone knowing her life could truly feel that, for her, death had no sting; the grave was swallowed up in victory.

TO CURE HOARSENESS. Bake a lemon twenty minutes in a moderate oven; then open it at one end, dig out the inside and sweeten with molasses. After one eats it the hoarseness will be nearly all gone. Repeat in an hour, and the throat will be cleared as if by magic.

A New Syphilis Cure Reported at Philadelphia

Announcement of two discoveries of world-wide importance in the cure of tetanus and syphilis were made at the annual Fall meeting of the National Academy of Science held at the University of Pennsylvania.

Both discoveries were made at the Rockefeller Institute in New York under the direction of Dr. Simon P. Flexner, who announced the discovery of the new cure for syphilis amid the cheers of the scientists in attendance at the meeting. They regarded the discovery as a triumph over the scientists of Germany, who had given the world "606," the only other cure for the dread disease.

Discovery of the new drug, known as A-189, was made at the Rockefeller Institute after collaborative experiments dating from the outbreak of the world war.

In announcing the discovery, Dr. Flexner explained that it was sought for becaue of the danger attendant upon the injection of Salvarsan or 606 and owing to the fact that the war had made it virtually unobtainable in the United States. The new drug, an organic arsenical compound, can be prepared in this country at a nominal cost of 5 cents a dose, wholesale, whereas the wholesale price of Salvarsan is now $3.50 a dose.

The most important feature of the new invention is the fact that it develops greater resistance to the spirochaeta infections, without doing as much damage to cells of the body.

Dr. Flexner pointed out that although Salvarsan has been of much benefit to thousands of sufferers, many experiments with it have resulted fatally, due to the potence with which it attacked the body cells while combatting the disease. Salvarsan is about ten times as poisonous as the spirochaeta is to the body cells, while the newly discovered drug will have a partial effect of from one to twenty to one to thirty. In other words, a great deal more of the potency of the new drug will be concentrated on the syphilis germ than was the case with Salvarsan.

The Flexner remedy will be only one-half to one-third as poisonous to the human system as the German-invented cure, while acting with relatively the same effect on parasites. Hence the drug can be used in smaller doses.

Announcement that tetanus, or lockjaw, can be cured by an injection into the veins of a 4 per cent. solution of ordinary Epsom salts amazed the gathering of scientists and prepared them for the announcement of the greater discovery. Dr. Samuel J. Meltzer, also of the Rockefeller Institute, made the announcement of the simple tetanus cure.—*Evening Telegram*, Philadelphia.

Convey thy love to thy friend, as an arrow to the mark, to stick there; not as a ball against the wall, to rebound back to thee.

FRANCIS QUARLES.

DOING IT RIGHT

There is danger of missing much of the zest of the brilliant achievements that characterize this war through not understanding the marvellous skill upon which the success of those undertakings depends. In the Zeebrugge glory, for instance, most people think only of the valor needed by those who manned the ships—a valor requiring them to face a vigorous and fairly disastrous bombardment. The sailors, according to the usual idea of the victory, did the same thing which our soldiers do every time they go "over the top" and clean out dugouts.

The fault is not to be laid at the door of the public, however, for they would cheer all the more lustily if they knew more of the cost of the victories in the way of preparation, the skilful laying of plans beforehand, and, above everything else, the years of technical training which were necessary before Zeebrugge or the bottling up of the Koningsberg or any other great victory was possible.

The "placing of the ship the way he wished it to lie" was considered epitaph enough by his commander when speaking of the gallant captain of the Vindictive. It was indeed the placing of the ship that was the real achievement. Landsmen have no way of knowing that unless a ship sinks on an even keel, one end will be carried down stream and the other will stick up in the air. The ship will finally settle in the line of the channel—and will not obstruct navigation. German submarines and other vessels would still be going in and out of Zeebrugge had the captain of the Vindictive not known how to do this masterly thing of sinking his ship to lie across the channel instead of lying parallel. Two other captains knew the same thing, and there the three vessels lie today with mathematical precision, as is now known from a photograph taken by a German officer in a low-flying aeroplane. How the photograph came into British hands is another story.

This is not the first time that German vessels have been bottled up during this war by British ships that blocked the harbor completely because their captains knew how to sink a ship the way it should lie. An old collier, the Newbridge, was given that honorable work to do when the German cruiser Koningsberg was penned up in 1914 in the Rufigi River. The Newbridge had to be anchored head and stern, and there was a heavy fire from the shore. The rest of the story reads like the account of a crew's picnic ashore. After she was anchored into position the crew pulled the inlet valve, and while the ship was settling the crew stepped into the boat that was waiting, fired the fuse that would blow out some of the bottom plates, and then left her to do what she was meant to do.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Association meets at the Hospital the First Friday of every second month at 4 p.m.

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Regular monthly meeting second Wednesday, 8 p.m.

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Regular Meeting—First Monday, 4 p.m.

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